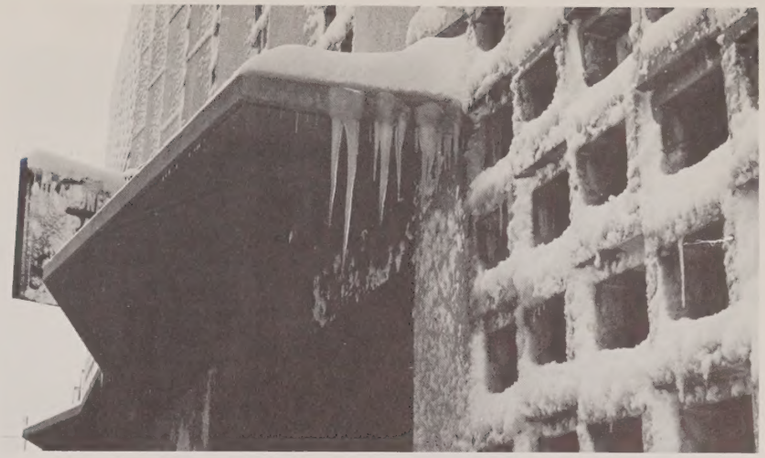
New England Deaconess Hospital
Boston, Massachusetts

pulse

VOLUME 22 — NUMBER 6 MARCH 1969



Traditional Deaconess Night at the Pops Slated

The Friends of the Deaconess are once again sponsoring the traditional Deaconess Night at the Pops, Friday, May 2, at 8:30 P.M., at Symphony Hall.

Receipts from the evening's performance by the Boston Pops with Arthur Fiedler conducting, will benefit the New England Deaconess Hospital School of Nursing. Reservation forms are now available at the Deaconess Gift Shop in the Central Building Lobby or in the Volunteer Office, Baker one.

Chairman for the Deaconess Night at the Pops is Mrs. Elton Watkins, Jr., and treasurer is Mrs. Vernon S. Dick. Ticket contributions are a good guarantee of a music filled evening with variety to satisfy every musical taste.

Winter Storms Bring Muted Tranquility To Blanketed Deaconess

The bright sphere-shaped object seen in the sky recently was not an optical illusion or an alien spaceship hovering in place. It was merely the sun, burning in its full splendor. And for Bostonians ravaged by three northeasters dumping record amounts of snow in as many weeks, the bright circle of light was just a bit hard to place at first.

Cloud filled skies dripping thick sheets of snow finally drifted off yielding crisp and clear winter weather, but not before the storms took their toll by snarling public and private transportation, cutting off heat, electricity and phone lines and generally making things extremely difficult throughout the greater Boston area.

Many employees of the Deaconess Hospital turned pedestrian, and toiled to make their way through pelting snow and drifting snow banks arriving at the hospital red cheeked, cold and covered with the white powder.

During the first snow fall attendance was gratifyingly high at the Deaconess, with departments reporting in at 50 percent or above. During the subsequent storms of February 24 and March 3, attendance increased steadily. On two occasions during the storms, administration provided hospital personnel with free cafeteria lunches in appreciation of their efforts.

The February snows dumped an approximate 33 inches of snow over the greater Boston area and precipitated mammoth clean-up operations for Deaconess Grounds personnel. Mr. Roger Peterson reported that approximately 400 hours of overtime were accrued as his crew of five manned the shovels and plows to clear parking lots, sidewalks and streets throughout the Deaconess Hospital complex.

But despite the turmoil and inconvenience caused by the great amounts of cold white snow dumped within the regions of the city, Boston never looked lovelier. In muted tranquility, scenes recorded around the hospital by a wandering camera were somewhat reminiscent of carefully etched Currier and Ives snowscape prints.

TO KICK THE HABIT:
Smokers Anonymous Provides Guidelines

The Surgeon General's report on the hazards of cigarette smoking, released in 1964, served as ideal reasoning for many smokers throughout the nation to kick the tobacco habit. But the willing abstainer found that to quit smoking was not simply a matter of deciding never to smoke again reinforced by throwing away a partially consumed package of cigarettes. Temptation to fall back into the old smoking habit was constantly there. Millions of advertising dollars are spent annually by cigarette manufacturers to produce the constant barrage aimed at keeping smokers hooked — or luring non-smokers in for the product — and cigarette smoking in general is so widespread as to be considered by many in the medical profession in epidemic proportions.

With the goal in mind of helping any smokers experiencing difficulty in breaking the cigarette habit, Smokers Anonymous was formed in 1965. Francis J. White, president of the Executive Board of the organization "came to me for some ideas," explained Dr. Richard Overholt, Director of the Overholt Thoracic Clinic and a long standing proponent of non-smoking. Impressed with the concept of "a group therapy situation in which smokers would help one another during the 'withdrawal' period," Dr. Overholt offered his assistance and "stimulated the organization to go ahead." Smokers Anonymous utilized the Overholt Clinic mailing address and Dr. Overholt extended the growing organization the use of the Clinic's telephone service. He also organized an SA Medical Advisory Board. Comprised of leading physicians in a variety of specialized fields, the Board serves as an advisory and consulting resource on health aspects of cigarette smoking for the lay members of the organization.

Motivation is cited as the main ingredient for successful cigarette withdrawal according to Frank White. "Without motivation, chances are very slim that one can succeed." Acceptance of the fact that a smoker is "hooked" to the cigarette habit and "can't really quit anytime he wants to," is a step toward mastery over the problem, but it is the motive that

(*Continued on Page* 4)

PROFILE
Bob Hart

INTENT ON LOADING THE MACHINE PROPERLY, Bob Hart feeds plate onto offset printing press.

To the steady beat of the Hospital offset printing press, Bob Hart does his daily duties producing the major load of New England Deaconess Hospital's printed matter.

Drawn here by an advertisement in the newspapers in 1957, Bob took on the job and has been handling approximately 85 to 90 percent of all the Hospital printed material ever since.

Usual daily fare includes the printing up of menus, office and patient forms, printed file cards and periodically, the Hospital Construction Bulletin.

Equipment in the print room includes a collator, two multilith printing presses, and facilities with which to make plates from negatives by exposing the sensitive plates to light through negatives slated for reproduction.

Bob enjoys the "steady pace of the print room," for demand for printed forms and letters is always constant. "You get to meet just about everyone in the Hospital," through the print room, he says — and he's right — hospital personnel from just about every department seek Bob out with some printing task or problem.

One of the most important people to walk into Bob's printing room was a young lady named Christine Wallace. It all began when Miss Wallace, a Purchasing Department employee, happened to mention sports during a passing conversation with Mr. Hart. Bob — a sports enthusiast — asked Christine to join him for a hockey game, and so began the romance that ended with Christine Wallace becoming Mrs. Robert Hart.

The Harts, who have two boys, one-and-a-half and three-years-old, recently moved from their Dorchester home to their new home site in North Attleboro.

Don Jackson, systems analyst, and Mrs. Priscilla Tinkham, Manager, Systems and Planning, go over a design for a new form of receiving goods for dietary.

THE SYSTEMS AND PLANNING DEPARTMENT

Deaconess' Mission Impossible Force

Their assignments are vast and varied, often taking them to all corners of the New England Deaconess Hospital complex. They infiltrate assigned department areas throughout the hospital and assimilate all information and data necessary to their fact finding mission. Functioning as a closely coordinated team, the Systems and Planning Department comprises Deaconess' Mission Impossible task force.

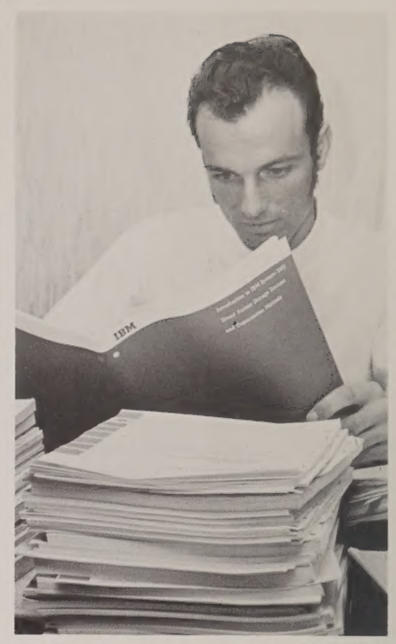
Responsible for developing improved systems and operations throughout the hospital, Systems and Planning combines the specialized services of its three resident systems analysts and its two computer programmers in an effort to assist any department requiring their services. "A hospital department head comes to us with a specific problem that he wants solved," explained Mrs. Priscilla Tinkham, Manager of Systems and Planning. "We try to take it from there."

Taking it from there involves communicating the problem in all its specifics to Mrs. Tinkham and her task force, then getting a systems analyst in the midst of the departmental situation up for review.

Once the problem situation is thoroughly researched and a comprehensive study has been made by the systems man, a report is compiled with suggestions for improvement and change. If the system is to be computerized, this data is passed on to the programmers who translate the information into computer language. The problem is coded into machine language which the computer accepts and assimilates. Data is then processed from carefully written coding sheets which are then transposed by key punch operators onto cards utilized by the computer in producing the results.

To assure proper programming, data is constantly checked and rechecked as it is spewed forth by the computer.

At present, systems and planning work is being carried out on several levels of hospital operation. Systems analyst David Lilley is presently concerned with transposing Development fund data onto the computer for easier more efficient control and handling of the information. Richard Lee is going over a newly incorporated invoicing system to assure proper functioning of the system and looking for any "bugs" in the plan. Donald Jackson's systems investigation has been centered upon Dietary where he hopes to improve paper flow and assist in expediting the new invoicing system.



Taking time to sift through the myriads of reading material assigned for the special preparatory course on the IBM computer System 360, Dick Crane diligently does his "homework." The new computer is scheduled for installation at the Deaconess late next fall.

In addition to all the troubleshooting and everyday work load that the Systems and Planning Department is involved with, members of the department are currently preparing for the arrival of a new and more sophisticated computer, the IBM 360, late next fall. According to Mrs. Tinkham, it will take a year of concentrated work by Systems and Programming to get ready for the change-over from the current computer, IBM 1401 to the new 360. IBM is offering a special course of instruction for programmers in preparation for the incoming new computer, and all present data programmed for the 1401 has to be re-transcribed for use by the 360 computer.

Richard Lee, testing a new system of invoicing to be incorporated into the Business Office program, makes certain that the system will operate at full efficiency when it becomes fully operational.

Dick Crane (left) and Al Smith, Programming, go over the program listing to check for any logic error in their instructions to the machine. "We test every condition in the program," explained Al Smith. Intermediate results are communicated to the source person of the problem to insure unified goals. "We want to be absolutely certain that the results we come up with are the results expected," said Mrs. Tinkham.

For Electrical Repairs on Crucial Equipment
CALL DAVE McLEAN

Making some repairs on the nursing remote station monitoring system in the Coronary Care Unit, Dave McLean adjusts printed circuit card.

When it comes to repair work on some crucial electronic equipment utilized in the New England Deaconess Hospital department of labs, Coronary Care Unit, cardio-pulmonary labs and at the Cancer Research Institute, the call goes out for David McLean.

Responsible for keeping all the complex electronic equipment in full capacity operation, Dave's servicing and repair work generally involves circuit repairs for Coronary Care Unit monitors, hospital centrifuges, alarm circuits, EKG, and the multi-channel auto-analyzer equipment in the labs. Often, Dave's repair work involves hours of investigation, following circuit patterns and schematic diagrams. "I enjoy the challenge," he explained, "of piecing things together to get the results I'm looking for."

Patients requiring round-the-clock monitoring depend on electronic equipment functioning at top efficiency, says Dave. Hospital personnel at the Coronary Care Unit always know that Dave is available for emergency repair service — and his phone has been known to ring in the dark of night with a plea to head for the Hospital and make an adjustment on a heart monitor or a circuit card in some other vital medical equipment.

Though he has an office in the basement of the Cancer Research Institute where he is surrounded by tube tester, oscilloscope and various other intricate electronic equipment, Dave spends most of his time where any malfunctioning electrical units might be located. According to Dave, the equipment is often too cumbersome to move around.

Dave, who has been with the Deaconess for over two years, received his background in electronics during schooling in the Navy. He has been involved with work on UHF, VHF, cryptography, and radar systems. Prior to coming to the Deaconess, Dave was employed at the Lincoln Lab of MIT, where his work centered on constructing satellite antennas.

Construction Briefs

The Chest X-ray Unit has moved out from under the 10' x 15' hole that is being cut through the roof of the second floor of Central 1. While a staircase is being built to connect Central 1 to the new addition, Chest X-ray has moved to the alcove adjacent to the switchboard room and the Deaconess Lobby, where the billing and envelope stuffing equipment for Patient Service was formerly kept.

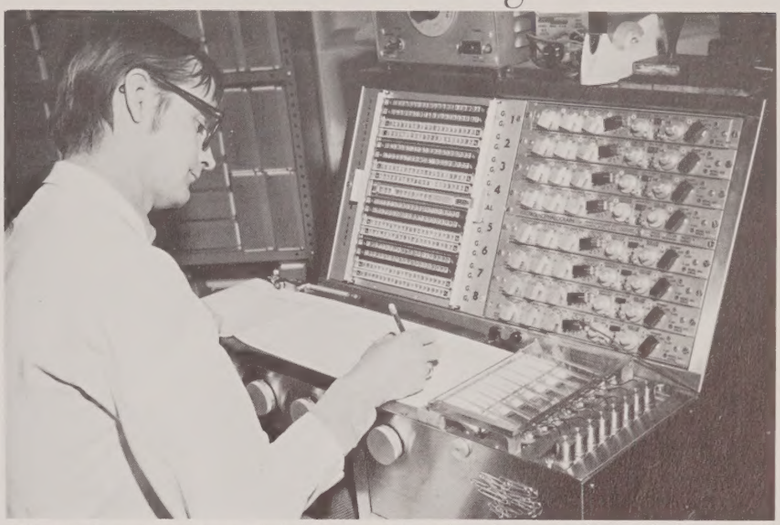
A concrete booth was built in the alcove to protect the X-ray technician from excessive radiation, and an improved bicycle chain mechanism that makes the X-ray equipment adjustable to the varying heights of patients had to be installed under the floor.

The billing and envelope stuffing equipment has been moved across the hall to a new room partitioned off the Deaconess Lobby by a recently constructed wall.

Canvass curtains were draped from the second to the first levels of the central addition to keep heat from escaping when the concrete was scheduled to be poured on the first floor the week of February 24th. But since two northeasters roared into town that week, the concrete pouring has been delayed until mid-March.

The baker can beat his batter better now that the latest phase of the kitchen renovation has been completed. A wall was knocked out and the old butcher shop and storeroom in the kitchen have been converted into a separate bakery area where the space-consuming electric mixers are kept. A new convection oven and a ventilation system are other features of the new area.

Electroencephalogram: Brain Impulses and Mind Bending Data



Bill Nichols monitoring the detailed electroencephalograph machine's recordings of brain's electrical impulses.

Bill Nichols, the EEG technician, doesn't really create "Medusas" in the corner room on Deaconess 3. He runs the electroencephalograph, an extremely sensitive diagnostic tool that records the electrical impulses of the brain on paper.

Twenty-three sensitive electrodes are attached to the scalp with special paper patches dabbed with electrode cream. Ten electrodes are attached to corresponding areas on each hemisphere of the brain, and one electrode is attached to each ear as inactive reference. One electrode grounds the patient.

Impulses are recorded as the patient lies motionless in a cushy leather chair with his eyes closed for about 40 minutes. It is extremely important that the patient be absolutely still because each muscle twitch and eye movement is recorded and disrupts the pattern of the brain waves.

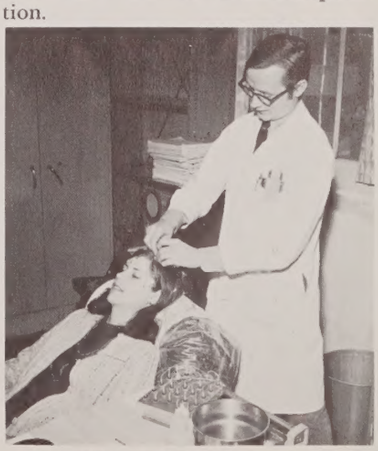
The $6,000 machine is so sensitive that it picks up the sound waves from the telephone when it rings. When the department first moved from Central 5 to its present location at Deaconess 3, in an unshielded room, the sensitive instrument recorded the buzzer from the Childrens Hospital's paging system because it was picked up by the antenna on top of the Jimmy Fund building. Special adapters had to be installed to correct the situation.

The one-man EEG department services approximately 80 to 100 patients referred by doctors from all the hospital's departments and by some doctors outside the hospital every month.

At the Deaconess, about 50% of the EEG patients are diabetics referred by the Joslin Clinic. The EEG is taken to determine whether a seizure has been caused by a severe insulin reaction or has some other cause. Some psychiatric patients take the test to discover whether their psychoses are mental conditions or are caused by organic brain damage. Some alcoholics are tested to see if their seizures result from the DTs or some other undetected cause. Patients with epilepsy take the test to discover how certain medications are affecting them. The test is also given to any patients who have had abnormal fainting spells, nausea, and dizziness, to check out the possibilities of brain tumors, concussions, or cerebrovascular damage.

When patients are very uncooperative and ruin their tests by constantly talking, moving, and refusing to keep their eyes shut, results of their tests are unsatisfactory and these patients must return when they are in a more cooperative mood or when under sedation. Bill explained that many people are uncooperative because they are frightened. Some think the test is for mental illness and others think the painless test is a shock treatment.

Bill, who went to the Neurological Institute at Childrens Hospital and the 2nd Advanced Course in Electroencephalography in Salzburg, Austria, sometimes teaches student nurses and residents how to interpret the data. He can interpret whether a reading is normal or abnormal and why, and he can give preliminary reports. However, only a physician can use the EEG data to render a final interpretation.



EEG technician Bill Nichols applies one of the 23 sensitive electrodes to Public Relations intern Karen Fryklund.

Mrs. Horan Makes it Even 1000 Hrs. Volunteer Work at Deaconess

During the two heavy snowfalls of February — with cars stalled and transportation at a virtual standstill — Mrs. Laurence A. Horan, a volunteer for nine years at the New England Deaconess Hospital, left her car at home yet made it to the hospital each day to offer her services despite the weather.

Because she recognizes the importance of "the special attention that volunteers can give to patients," the mile long trek through snow clogged streets from Mrs. Horan's home in Watertown to the MBTA station, really didn't seem like so much of an inconvenience.

"I'm just happy to be of help," explained Mrs. Horan, who recently reached the 1000 hour mark of volunteered service time.

Generally, one can find Mrs. Horan on Deaconess 2, where she assists patients by writing bedside notes and letters at their request, helping some of the women patients with adapting new hair-styles during their hospital stay, and "keeping them interested." On occasion she can be seen helping out in the Deaconess Coffee shop, suggesting a soothing cup of tea to an anxious family member of a patient, or promising to drop by and visit with a patient. Says Mrs. Horan: "The experience of helping others has done an awful lot for me."

She first became interested in volunteer work while she was a patient at the Deaconess. Impressed by the assistance and interest shown to her by volunteers during her stay, Mrs. Horan followed the suggestion of Miss Muriel Lund, R.N., and joined the hospital volunteer corps. That was in 1960, and for nine years since, Mrs. Horan has been involved in the process at the Deaconess that so impressed her when she was a patient: striving to build on that personal touch, that "home-like feeling in

which the main concern is for the patient's comfort and welfare."

Often, while Mrs. Horan is engaged in work at the Coffee Shop, Mr. Horan patiently waits to take her home. Sitting in the lobby, he is sometimes enlisted for volunteer work — as when he assisted in the counting and distribution of annual reports last year.

Mr. and Mrs. Horan, who have a private business with which to fill their regular hours, enjoy spending their spare time at their home on Pleasant Bay in Chathamport on the Cape. Lobstering, bass-fishing and clamming are all part of their outdoor life there.

Mr. and Mrs. Horan are also plant and flower fanciers. And for some good natured rivalry, they compete against each other on occasion, at the Chatham flower show.

Delighted about having completed her 1000 hours of volunteer service at the Deaconess, Mrs. Horan plans to "go on and on."

"If the hospital were 100 miles away," says Mrs. Horan, "I would still come in regularly."

Kicking The Cigarette Habit

(*Continued from Page* 1)

provides a concrete reinforcement and gives the abstainer a goal toward which to strive.

One meeting per week, for ten weeks, comprises Smokers Anonymous seminars. "For the first four weeks — while we have discussions on motivation and try to build an understanding of the cigarette habit — we encourage members of the group to continue smoking. We even pass out ash-trays!" Smokers Anonymous wants to be certain that once the smoker quits he will follow through and not get hung up in the habit again, explained Mr. White. SA's format is borrowed from William James' theory on habit and association.

Held at the Countway Medical Library, meetings generally draw a group of between 30 or 50 smokers, attracted to the organization by television spot advertisements, some literature run across by a smoker interested in quitting, or on the recommendation of an SA member. "Approximately 20 percent of the group drops out during the ten week period," says Mr. White, "but of the number that remains about 70 percent are successful in quitting."

Smokers Anonymous is a non-profit organization sustained through contributions. For the ten week seminar there is a registration fee of $10. SA also offers a "Do It Yourself Kit" for smokers who cannot attend the ten week seminar or who prefer to quit on their own. Fee for this Associate Membership booklet is $3.

Though based in the greater Boston area, Smokers Anonymous is receiving national attention. Wire services have picked up its story and SA has been making an impact. At present the organization is involved in national mailing and prospects of branching out into statewide and national branches look promising.

For further information on Smokers Anonymous write 135 Francis Street, Boston, Massachusetts 02215.

NEW LIBRARY BOOKS

FICTION

The Tobacco Men

Borden Deal. Recreates the turbulent period of the "tobacco wars" in Kentucky and Tennessee at the turn of the 20th Century.

Genius

Patrick Dennis. A comic novel dealing with the adventures of a famous stage and film director.

How Firm A Foundation

Patrick Dennis. The delightfully funny story of an unsophisticated, aspiring actress who became first lady of a very wealthy family.

The Exiles

Albert J. Guerard. A Caribbean comedy about passionate men capable of political action and tempted to political crime.

The Hot Country

Waldon Porterfield. A mosaic of the turmoil in parts of Central America today.

The Roar of Thunder

Wilbur Smith. A romantic adventure set in South Africa during the Boer War.

The Good Life

Douglass Wallop. The humorous story of one man's attempt to join the affluent society while escaping its grinding responsibilities.

Providence Island

Calder Willingham. An adventure into an uninhabited island of the far western Caribbean.

MYSTERY

The Tallyman

Bill Knox.

SCIENCE FICTION

SF: The Best of the Best. 1955-1960

Judith Merril, editor.

WESTERN

West of Cheyenne

Lee Hoffman.

New England Deaconess Hospital
185 Pilgrim Road
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The New England Deaconess Hospital Complex, including the Medical Office Building at One Ten Francis Street, Lahey and Overholt Thoracic Clinics, the Joslin Diabetes Foundation, Inc., the Cancer Research Institute and the Shields Warren Radiation Laboratory, is internationally known for diagnosis, treatment and research in general medicine, brain and chest surgery, cancer and diabetes.

PULSE is published monthly by the Public Relations Department of the New England Deaconess Hospital.

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Director
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Public Relations Director
Frances G. Weil
Public Relations Assistant

Systems and Planning — Deaconess' Mission Impossible Force

Story and Photo on page 2

Programmer Al Smith Requests New Program Test from Dick Mitchell of Operations.

New England Deaconess Hospital Bowling League

DIVISION A

Team No.	Pinfall to date Incl. Handicap	Pts.
4—D. Colleran	30210	102
1—C. Schraub	29934	97
3—J. Barr	28441	94
5—M. Hennessey	28136	86
2—J. Dillahant	28396	83

High Singles

D. Colleran	108
C. Schraub	108
B. Nickerson	104
S. Nordstrom	104

High Singles for Year

R. Ruth	143
B. Nickerson	121

High 3 Strings for Year

J. Dillahant	341
B. Nickerson	304

High Average for Year

J. Dillahant	97
B. Nickerson	90

DIVISION B

Team No.	Pinfall to date Incl. Handicap	Pts.
9—E. Nickerson	29297	82
6—B. Laffey	29791	78
7—G. Graham	29581	76
8—M. Coburn	27709	66

High Singles

B. Laffey	123
G. Graham	103

High Singles for Year

B. Laffey	130
P. Dumont	109

High 3 Strings for Year

B. Laffey	336
P. Dumont	294

High Average for Year

B. Laffey	98
P. Dumont	88

DIVISION C

Team No.	Pinfall to date Incl. Handicap	Pts.
12—J. Mazza	29706	89
10—P. Gleason	29640	87
11—P. Hansen	26820	81
14—B. Shapiro	26373	78
13—C. Pihl	12907	22

High Singles

M. Foley	105
J. Mazza	99

High Singles for Year

H. Sycamore	117
S. Meek	122

High 3 Strings for Year

P. O'Connor	300
S. Meek	319

High Average for Year

P. O'Connor	89
M. Foley	89
S. Meek	87